

2091

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STANDARD CERTIFICATE OF DEATH

## Arizona State Board of Health

BUREAU OF VITAL STATISTICS

STATE FILE NO.

88

## 1. PLACE OF DEATH

COUNTY GrahamSTATE ARIZONAREGISTERED NO. 117

TOWNSHIP

Safford

OR VILLAGE

CITY

NO.

ST.

OR

WARD

LENGTH OF RESIDENCE

IN CITY OR TOWN WHERE DEATH OCCURRED 11 YRS. 9 MOS. 1 DS.HOW LONG IN U. S. IF OF FOREIGN BIRTH? 4 YRS. 9 MOS. 1 DS.

## 2. FULL NAME

Pearl MarkhamHOW LONG IN STATE WHEN DEATH OCCURRED? 4 YRS. 9 MOS. 1 DS.

(A) RESIDENCE: NO.

Safford, Ariz.

ST.

WARD

(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

David Markham6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1888

## 7. AGE

49 YEARS9 MONTHS1 DAYSIF LESS THAN 1 DAY, 1 HRS. OR 1 MIN.

OCCUPATION

## 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.

Housewife

## 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.

## 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)

## 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Pima County

## 13. NAME

H. P. Warden

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Ohio

## 15. MAIDEN NAME

Murray Warden

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

Michigan

## 17. INFORMANT (ADDRESS)

M. Warden, Thatcher Ariz.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Pima County DATE Nov 2, 1937

## 19. EMBALMER

LICENSE NO. W. E. Rawson

## FUNERAL DIRECTOR

ADDRESS Safford, Ariz.

## 20. FILE

Dec 9, 1937

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1937

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM

Nov 10, 1937, to Nov 19, 1937I LAST SAW HER ALIVE ON Nov 17, 1937; DEATH IS SAIDTO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2 P. M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Probably Cerebral embolism.

DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

NAME OF OPERATION Defendectomy DATE OF 11/10/37

WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:

ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19

WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)

SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE

MANNER OF INJURY

NATURE OF INJURY

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No

IF SO, SPECIFY

(SIGNED) W. E. Rawson M. D.(ADDRESS) Safford, Ariz.

10M-1-23-26-FORM 5-100% BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION